



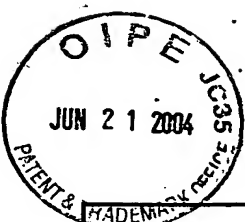
DOCKET NO. CM013651

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/001,495	
	Filing Date	10/31/2001	
	First Named Inventor	LI ET AL.	
	Group Art Unit	2871	
	Examiner Name	AKKAPEDDI, PRASAD R.	
Total Number of Pages in this Submission	Attorney Docket Number	CM013651	

ENCLOSURES		(check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		• Inventor Statements (3)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____		
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	JAMES A. LAMB	Registration No.	38,529
Signature			
Date	6/18/2004		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Dawn M. Hebein
Signature	
Date	6/18/04



DOCKET NO. CM013651

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	10/001,495
		Filing Date	10/31/2001
		First Named Inventor	LI ET AL.
		Examiner Name	AKKAPEDDI, PRASAD R.
TOTAL AMOUNT OF PAYMENT		(\$)	290.00
		Attorney Docket No.	CM013651

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity      Small Entity	
Deposit Account Number		Fee	Fee
Deposit Account Name		Code (\$)	Code (\$)
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.			
<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	780	2004	385
1005	160	2005	80
Utility filing fee			
Design filing fee			
Plant filing fee			
Reissue filing fee			
Provisional filing fee			
SUBTOTAL (1)		(\$)	

<b>2. EXTRA CLAIM FEES</b>			
Total Claims	Previously Paid**	Extra Claims	Fee from below
Independent Claims	20	X	18
Multiple Dependent	3	X	86
Multiple Dependent		280	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
* Reissue independent claims over original patent			
*Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)	
*or number previously paid, if greater; For Reissues, see above.			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)		Registration No.	Telephone
JAMES A. LAMB		38,529	(847) 576-5054
Signature		Date	
		6/18/2004	

\* Reduced by Basic Filing Fee Paid